

Solid Organ Transplant (ADULT) Recipient Screening

- See the Guide to Services <http://www.albertahealthservices.ca/lab/page3317.aspx/education.html>
- Patients may call HEALTH LINK at 811 for advice on collection site locations



| | |
|---|--|
| Edmonton Site 8440-112 St T6G 2J2 Phone 780.407.7121 Fax 780.407.3864 Virologist/Microbiologist on-call 780.407.8822 | Calgary Site 3030 Hospital Dr NW T2N 4W4 Phone 403.944.1200 Fax 403.270.2216 Virologist/Microbiologist on-call 403.944.1200 |
|---|--|

Scanning Label or Accession # (lab only)

| | | | | | |
|--------------------|---|-----------------|---|------------------------------------|------------------------------------|
| Patient | PHN _____ Expiry: _____ | | Date of Birth (dd-Mon-yyyy) | | |
| | Legal Last Name | | Legal First Name | | Alternate Identifier |
| | Middle Name | Preferred Name | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X Non-binary/Prefer not to disclose | Phone | |
| | Address | | City/Town | Prov | Postal Code |
| Provider(s) | Authorizing Provider Name (last, first, middle) | | | Copy to Name (last, first, middle) | Copy to Name (last, first, middle) |
| | Address | | Phone | Address | Address |
| | CC Provider ID | CC Submitter ID | Legacy ID | Phone | Phone |
| | Clinic Name | | | Clinic Name | Clinic Name |
| Collection | Date (dd-Mon-yyyy) | Time (24 hr) | Location | Collector ID | |

Collection Protocol

Required Blood Collection Tubes for TRANS RA1 or RA2 Panel 1 SST (gold top) for testing + 1 EDTA (mauve top) tube
 Collect and Deliver Samples and Requisition to the ProvLab site indicated below (Do not use Sunrise Clinical Manager)
 ProvLab North, 8440-112 Street, Edmonton AB (Tel. 780.407.8918)
 ProvLab South, 3030 Hospital Drive NW, Calgary, AB (Tel. 403.944.1200)

Storage Long Term Storage RECIPIENTS

Patient Status

URGENT LISTING (URGENT LISTING call ProvLab North Virologist on call at 780.407.8822 for STAT processing)

Type of Transplant (select ALL that apply)

Heart (include Toxoplasma IgG) Lung Liver Kidney Pancreas
 Islet Small Bowel Stomach

Relevant Clinical and Immunization History

Test Request and Details of Order

| | | | |
|--|--------------|--|--------------|
| <input type="checkbox"/> Non-heart transplant (Toxoplasma IgG not included) | TRANS RA1 | | |
| Tests included: Anti-HIV-1/2, Anti-HCV, HBsAg, Anti-HBs, Anti-HBc, HSV-IgG, VZV-IgG, CMV-IgG, Anti-EBV panel, Syphilis EIA | | | |
| <input type="checkbox"/> Heart- or heart-lung transplant (Toxoplasma IgG included) | TRANS RA2 | | |
| Tests included: Anti-HIV-1/2, Anti-HCV, HBsAg, Anti-HBs, Anti-HBc, HSV-IgG, VZV-IgG, CMV-IgG, Anti-EBV panel, Syphilis EIA, Toxoplasma IgG | | | |
| <input type="checkbox"/> HDV Ab (HBV-cirrhosis, liver transplant only) | HDV SERO | <input type="checkbox"/> Schistosoma IgG | SCHISTO SERO |
| <input type="checkbox"/> Anti-HBs | HBV SAB PROV | <input type="checkbox"/> Coccidioides IgM/IgG | COCCI EIA |
| <input type="checkbox"/> EBV Panel | EBV AB | <input type="checkbox"/> Trypanosoma cruzi IgM/IgG | TAMER SERO |
| <input type="checkbox"/> CMV IgG | CMV IGG | <input type="checkbox"/> Strongyloides | STRONG |

Specify other tests

Do Not Submit this page

Guidance Notes

The tables and notes below provide supplementary information on tests, clinical indications, sample types and transport medium.

Consult Provincial Laboratory (*ProvLab*) Guide to Services at www.provlab.ab.ca/education.html for comprehensive information

Viral Serology

Measles IgG Mumps IgG and Rubella IgG should NOT be routinely ordered for pre-transplant screening in adult candidates.

| Test | Usual Specimens | Comments |
|-------------------|--|--|
| TRANS RA1 | one full DEDICATED 5mL SST tube and one full DEDICATED 4mL EDTA tube | Pre-transplant screening panel for non-heart solid organ transplant candidates Panel includes HBsAg; ensure samples collected at least 4 weeks remote from any HBV immunization |
| TRANS RA2 | one full DEDICATED 5mL SST tube and one full DEDICATED 4mL EDTA tube | Pre-transplant screening panel for heart and heart-lung solid organ transplant candidates; includes TOXO IGG Panel includes HBsAg; ensure samples collected at least 4 weeks remote from any HBV immunization |
| HDV Ab | 5mL SST tube | Test ordered only under the direction of the Transplant Hepatologist or Infectious Diseases physician in candidates with HBV related cirrhosis |
| Anti-HBs | 5ML SST tube | Ensure sample collected at least 4 weeks remote from HBV immunization |
| EBV Panel | 5mL SST tube | For seroconversion monitoring during assessment and wait-listing |
| CMV IgG | 5mL SST tube | |
| Schistosoma | 5mL SST tube | Refer to Transplant ID ASOTP Pre-Transplant Evaluation Infection and Immunity protocol |
| Coccidioides | 5mL SST tube | |
| Trypanosoma cruzi | 5mL SST tube | |
| Strongyloides | 5mL SST tube | |